

obstruction exists in some cases of hypertrophic cardiomyopathy is *not* to state that outflow tract obstruction is necessarily the predominant hemodynamic fault in an individual case, nor does this statement imply that obstruction develops before a substantial amount of left ventricular ejection has occurred. In fact, in patients with systolic pressure gradients left ventricular contraction can be unobstructed early in systole, obstructed in midsystole and isovolumetric in late systole¹—a view shared by Wigle in a recent editorial.²

In summary, we—together with probably the great majority of investigators in this field—believe that left ventricular outflow tract obstruction can occur in hypertrophic cardiomyopathy, although it is only one of several hemodynamic manifestations that may characterize this fascinating disorder. We fear that by resurrecting this long defunct controversy, Dr. Criley may spread the very confusion he rightly seeks to dispel.

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REFERENCES

1. Ross J Jr, Braunwald E, Gault JH, et al: The mechanism of the intraventricular pressure gradient in idiopathic hypertrophic subaortic stenosis. *Circulation* 34:558-578, 1966
2. Wigle ED, Silver MD: Myocardial fiber disarray and ventricular septal hypertrophy in asymmetrical hypertrophy of the heart (Editorial). *Circulation* 58:398-402, 1978

Comment on 'Sears Suit'

TO THE EDITOR: I was shocked and dismayed to read the editorial in the March 1979 issue, stating "Sears Roebuck and Company is to be commended for applying a little heat to this iceberg [governmental laws, rules and regulations] and it is to be hoped that in time, and perhaps with more heat, the iceberg itself can be reduced to more manageable size." I think your naiveté is showing. To many responsible people, the Sears suit appears to be nothing more than a smoke screen for Sears' continuing employment practices which discriminate against the promotion of women and for Sears' avoiding payment of penalties for discriminating employment practices.

If we doctors want to participate in improving governmental function and efficiency, it seems

clear to me that commending what Sears is doing has little to do with the matter. How about if a state or national medical association were to aggressively support the efforts of the Institute for the Study of Democratic Institutions for the modernization of our United States constitution? Now efforts in that direction might really help to lessen government red tape while at the same time preserve the spirit of our Bill of Rights which holds that all men and women should have an equal chance to better themselves in America.

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We seem to differ on the means but agree on the ends.

—MSMW

More on Cumulative Injury

TO THE EDITOR: My name was mentioned rather prominently in several recent letters to the editor concerning cumulative injury (February 1979 issue), in connection with my letter in the December 1978 issue. I would like the opportunity to reply.

Dr. Franklin Drucker made a number of comments, several of which take observations of mine out of context, and he offers no concrete suggestions as to how to improve the system. First, I would like to reply to his remark that I am unwilling "to recognize that stress and strain contribute to human misery and disability." I am in full-time practice of internal medicine and have been for 25 years. I am sure I have seen and treated as much misery and disability as Dr. Drucker. The point in my previous letter was that in the types of ailments that I am asked to evaluate—primarily hypertension, angina, myocardial infarctions and other degenerative ailments—there is simply no medical evidence that these conditions are caused or aggravated by the types of stresses and strains patients indicate are present in their work environment.

If we wish to make illness and disability a system of social justice, and compensate without regard to causation, fine, so be it. But if we wish to compensate those truly injured or disabled as a result of their occupation, then there should be concrete medical evidence that such is indeed the case.

In my review and evaluation of patients, if I